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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	NSC1-G9900
	First Named Inventor	Pai-Hsiang Kach
	Original Patent Number	6,023,094
	Original Patent Issue Date (Month/Day/Year)	02/08/2000
	Express Mail Label No.	EL 727719571 US

APPLICATION FOR REISSUE OF: ☒ *Utility Patent* ☐ *Design Patent* ☐ *Plant Patent*
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/>	Fee Transmittal Form (PTO/SB 56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/>	Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/>	Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/>	Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/>	Ribboned Original Patent Grant
4. <input checked="" type="checkbox"/>	Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/>	Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/>	Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/>	Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input checked="" type="checkbox"/>	Power of Attorney	13. <input checked="" type="checkbox"/>	Information Disclosure Statement (IDS) PTO-1449
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		14. <input type="checkbox"/>	English Translation of Reissue Oath/Declaration (if applicable)
<input checked="" type="checkbox"/>	Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/>	Preliminary Amendment
<input type="checkbox"/>	37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other:	Consent by Assignees to Filing of Reissue Application and Offer to Surrender Original Patent
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)			
a. <input type="checkbox"/>	Computer Readable Form (CFR)		
b. Specification Sequence Listing on:			
i. <input type="checkbox"/>	CD-ROM (2 copies) or CD-R (2 copies); or		
ii. <input type="checkbox"/>	paper		
c. <input type="checkbox"/>	Statements verifying identity of above copies		

18. CORRESPONDENCE ADDRESS

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Signature		Date	12/17/21

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
NSCI-69900

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application		(3) Number Extra		Small Entity		Other than a Small Entity	
						Rate	Fee	Rate	Fee
(A) 6	Total Claims (37 CFR 1.16(i))	(B) 6		**** 0	=	x \$	=	x \$ 18	= 0
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2		• 0	=	x \$	=	x \$ 84	= 0
Basic Fee (37 CFR 1.16(h))								\$ 740	
Total Filing Fee								\$ 740	

Claims as Amended - Part 2

(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For		(3) Extra Claims Present		Small Entity		Other than a Small Entity	
						Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	*** 15	MINUS	** 20	* 0	=	x \$	=	x \$ 18	= 0
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 3	= 0	=	x \$	=	x \$ 84	= 0
Total Additional Fee								\$ 0	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

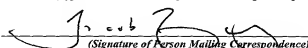
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1697
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 740.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**12/17/01
Date

Signature of Applicant, Attorney or Agent of Record

Philip A. Girard, Reg. No. 28,848
Typed or printed name

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10) Applicant(s): PAI-HSIANG KAO, et al.			Docket No. NSC1-G9900	
Serial No. New	Filing Date Herewith	Examiner Unknown	Group Art Unit Unknown	
Invention: SEMICONDUCTOR WAFER HAVING A BOTTOM SURFACE PROTECTIVE COATING				
<p>I hereby certify that the following correspondence:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> PAT. APP. - REISSUE OF U.S. PAT. NO. 6,023,094; (1) Reissue App. Transmittal Letter & Fee Transmittal Form (dup.); (2) Specification & Claims; (3) Three Drawing Sheets; (4) Reissue App. Declaration [incl. Power of Attorney] by Assignee; (5) Information Disclosure Statement w/___ references; (6) Check - \$740.00; (7) Statement Regarding Claims; (8) Consent by Assignee to Filing of Reissue App. & Offer to Surrender Original Patent; and, (9) Postcard <small>(Identify type of correspondence)</small> </div> <p>is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on</p> <p style="margin-left: 40px;"> <u>December 17, 2001</u> <small>(Date)</small> </p> <div style="text-align: center; margin-top: 20px;"> <p><u>Jacob S. Zweig</u> <small>(Typed or Printed Name of Person Mailing Correspondence)</small></p>  <p><u>EL 727719571 US</u> <small>("Express Mail" Mailing Label Number)</small></p> </div> <p style="text-align: center; margin-top: 30px;"> Note: Each paper must have its own certificate of mailing. </p>				